

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101566078

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
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12		2		2		
13		2		2		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		3		3		
19		1		1		
20		1		1		
21	1		1			
22		6		6		
23		2		2		
24		2		2		
25		2		2		
26		2		2		
27		2		2		
28		2		2		
29		1		1		
30	1		1			
31		1		1		
32	1		1			
33		1		1		
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35		2		2		
36		1		1		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		22	←		←
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						